

American Medicine

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Volume XXVIII, Complete Series
Volume XVII, New Series
JANUARY-DECEMBER
1922



American Medical Publishing Company
Burlington, Vt., and New York, N. Y.

HOW ONE AMERICAN CITY IS MEETING THE PUBLIC HEALTH PROBLEMS OF NARCOTIC DRUG ADDICTION.

BY

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In the spring of 1919 a situation arose that had to be met. There were a large number of people living here who were using morphine-some because of suffering from incurable diseases, some from untreated or unsuccessfully treated physical conditions, which were presumably curable, and some because they had a morphine habit and either could not get the proper assistance to quit it, or did not try or want to quit. All of these people were in some manner obtaining the drug previously, but now the supply was almost suddenly stopped, and there was great suffering. It was impossible for anyone to tell then who the really deserving ones were, or to be absolutely sure just what situations had to be met.

There was a general inclination to be rather harsh, stern and unsympathizing with them at first; as the result of this attitude many addicts suffered terribly. Due to a fear or natural disinclination on the part of doctors and druggists to have anything to do with an addict no matter what else might be his trouble (and when it was found out that he was an addict, usually that was enough to cause the doctor to go no deeper into his case), many sick people were caused to suffer terribly, or to seek the peddler. These people began coming to the officers of the law and to the board of health officials begging for relief. On several occasions places were entered, doctors' offices robbed or hand bags stolen, and many physicians were appealed to for assistance.

To meet the situation our dispensary was started. Later, our institutional treatment department was opened. At first, our methods were rather crude and we had much difficulty trying to devise the best ways to handle these cases. Gradually improving, within a few months we established our system. Its success is due largely to the fact that we have cooperation, assistance, hearty approval and commendation of every branch of our government locally, including the City Judge, Police Department, City Commission Council, State Board Inspector, City and Parish Boards of Health, Sheriff and his department, City and Parish Medical Society, the U. S. Marshal, U. S. District Attorney and U. S. Judge. We believe it is doing a good work and that in a practical way it is solving our local narcotic situation. That is all that we intend for it to do as we believe that each community or part of the state should be able and be required to care for its problems of

this character.

On or about the 15th of March, 1921, the Louisiana State Board of Health discontinued the narcotic dispensaries at New Orleans, Alexandria and Shreveport, Louisiana. The next day the narcotic work at Shreveport was continued under different supervision, but with practically the same personnel and methods. I consider that for me to have discontinued suddenly the dispensing of narcotics to our aged, infirm and incurable disease patients with no warning and no kind of provision being made for their care, would have been absolutely criminal and would have caused much terrible and needless suffering and undoubtedly would have caused several deaths. Therefore, under my own personal responsibility as a doctor and as parish physician I continued the work for a few days until the proper steps could be taken by our city government to pass an ordinance establishing a hospital for this service. This the City Commission Council did and our work has gone on uninterrupted.

Morphine is the drug of addiction almost exclusively, and we seldom see a heroin addict. Cocaine being not a habit former, but we believe merely a vice, is not allowed; and no one using it is put on the dispensary; its use, as a rule, is easily detected. There are three users of codeine, these being old cases of asthma and arthritis.

Only incurable cases and those in which after examination and investigation we think treatment not at present indicated are dispensed to. Curable cases are put into the institution for a cure as soon as practical. Each incurable case is examined and classified as such by from two to seven reputable physicians.

Outline of Method.

Our force is composed of a director, a chief clerk and bookkeeper, assistant clerk and finger-print expert, dispenser, pharmacist, assistant physician, superintendent, nurses, guards, attendants, and three or four inspectors selected with the approval of the police department, the board of health and the director. Other assistants for special detail work are employed as needed.

Our dispensary is located in the Shreveport Sanitarium where the director has his office. The treatment department is at the Public Health Hospital where special provision has been made for the patient's safe-guarding, care and treatment to effect a cure.

On application at the dispensary, a patient must show that he is a resident of this state or community, or that he has lived here for some time. He is physically examined to determine whether or not he is an addict; how much morphine he takes, whether by needle or mouth (and a mouth case rarely gets on), and a general inspection is made of his mental and physical condition. If there is very plainly some incurable condition present, no extensive physical examination is made; but if not, then the patient is sent to the assistant physician who carefully goes over his whole system, reporting in writing the result of this examination to the director. If the patient has a family doctor and prefers that this doctor examine him this is allowed, requiring the patient, however, to obtain for us a written report of his condition; and we reserve the right to accept or reject it as we deem proper, always making our own examination anyway.

His history is taken which includes among other things his name, class, age, sex, color, how long he has been using a narcotic, how much he has been using daily, the original

and present causes for his addiction, when and where he has been treated for addiction, if he does or does not want to be cured of his addiction, if married and the number of children, what doctor and drug stores have assisted him, if doctors are, or are not responsible for his addiction, if he believes himself curable or not, if he uses cocaine or has a court record, his family's name and address, his personal description, such as eyes, hair, height and weight, how much he has been paying for his medicine and a pledge that he will obtain none elsewhere, not sell, give, lend or borrow any medicine, be constantly employed if physically able, and his correct name in full. With our permission, if he desires he may also sign an assumed name to use in signing the public register. We then take his fingerprints and personal description in quadruplicate on special blanks, one being for us, one for our police department, one for our local detective agency and one to send to Leavenworth, Kansas, for identification and classification. Leavenworth sends us the classification with a duplicate copy mailed to the police department here. Fingerprints are not made of certain of our better class patients.

The patient must bring a note of his residence and business address, and this is immediately and repeatedly checked up by one of our inspectors whose duty it is to keep the whereabouts of all patients constantly checked up, but *in no way to cause them any embarrassment or render them liable to lose a good position because of their addiction becoming known*. All patients report at once any change of address. The dispensing days are Monday, Tuesday, Thursday and Saturday, from 8.30 to 10.00 A. M., from 4.30 to 6.00 P. M. The dispensary is open every day from 8.00 A. M. until 6.00 P. M., with arrangements made to care for all worthy cases at any hour. The morphine is dispensed in solution, labeled properly, showing amount in grains and the price of same (6 cents a grain). The patient signs the register in the window in the presence of the dispenser, receives his supply, pays for it, steps aside, and the next one follows in line. There is no confusion and all is quiet and orderly. It is alright for a patient to appear at the dispensary in his working clothes, but he must be neat and show that he cares for his personal appearance. We insist that all who are able must work, and spend their first money for good food and decent clothes. No vagabonds or loafers are tolerated.

We go thoroughly into their history and fingerprint them in order that we may not knowingly care for some criminal who is not worthy of our assistance. If a patient is temporarily down and out he is assisted to get on his feet and become decent and at least respectable looking. The patients call it "Our Dispensary" and appreciating what is being done for them they help to keep it clean.

A carefully arranged monthly sheet is prepared containing the names of the patients in alphabetical order. As the patient signs for his medicine, the clerk marks in the square on this sheet opposite this patient's name the amount in grains dispensed and on another sheet the price paid. We can tell every day how much each patient has received, the daily total in grains and the amount collected. The signature of the patient on the register is our receipt.

For those who are bedridden or cannot come due to illness, or other causes, a special order form has been devised, printed on safety paper. These are serially numbered and have blank spaces to be filled in, requesting us to deliver the medicine to a duly authorized person, giving reasons why the patient cannot come in person. This order form is dated and signed. On the reverse side of this order form are printed some of the dispensary rules, such as the following:

Every able-bodied patient must be employed, and immediately report any change in business or residence address.

Patients are required to come in person for their medicine. If sick and unable to come to the Dispensary, the patient must furnish a doctor's certificate to that effect. Each patient is required to report in person at the Dispensary at least once each week for examination or inspection unless excused by the director because of sickness. To avoid any confusion and suffering, note carefully the days and hours that the Dispensary is open.

Unless considered incurable by the director, patients are warned to prepare to be gradually reduced and get ready to take institutional treatment for the cure.

This order must be returned before another can be obtained.

Only one of the above described order forms will be issued at a time. The order number, date issued, and to whom issued, is filled in on a sheet prepared for this purpose by the clerk. There is a blank space to be filled in with the date that this order is returned to obtain medicine. The Red Cross nurse and City Missionary cooperate with us in the handling and administering to some of the bed patients. Officers, inspectors and assistants aid in the caring for other cases as the occasion demands.

The morphine which we dispense is bought wholesale for about 3c. a grain, and sold at 6c. a grain. This is less than the retail price of about 10c. a grain and the peddler's price of about \$1.00 a grain. No profit is allowed to anyone, and the difference between the cost and the selling price pays the actual operating expenses of the dispensary and the treatment department. There is no appropriation for this work, but it is entirely self-supporting.

The amount of morphine dispensed to each patient is the smallest amount that we believe the patient can get along on and keep in drug balance. The dispensary is not intended as a treatment department for a cure, but only as a means of caring for the incurables, and those not at present curable or treatable, but who must have the medicine. There is no longer a systematic and a regular effort at reduction, but each case is judged separately, a certain amount decided on, and this may at times have to be increased or decreased according to the condition of the patient and the disease from which he suffers. If too much medicine is allowed there is a temptation to dispose of some; if too little, the tendency would be to buy more, so we try to be as accurate as possible at the same time being reasonable and fair with the patient. We believe that this has paid us. The officers say there is little or almost no peddling here, and we have had a number of patients voluntarily request that they be reduced a grain or so, and to actually assist us to cut them down to very small doses. The tendency of many is to go up and up, but when they see that we know their actual needs as well or better than they do, there is no trouble.

Our doses vary from 1 grain or less a day for some patients, to as high as 12 grains each a day for two of our patients. Our average is about 8 grains a day. It will be remembered that these are mostly incurable cases. Since our beginning we have had a total of over 740 patients on roll. We now have about 120. The ages run from 21 to 81 years, averaging about 41 years of age. The average length of time of addiction is about 13 years. There are more white than colored, and more male than female. A very large percentage give a positive venereal history and blood tests. Many show the results of operations. Many give a history of repeated efforts to be cured of the habit.

It might be mentioned here that we have in conjunction with this work a clinic where all venereal cases can be treated free, or at the cost of the medicine used.

Our endeavor is to care for the mentally and physically incurable addicts and to give free treatment to those who can and want to be cured. Therefore, with the surplus money from the dispensary we give as many free narcotic treatments as possible. No resident of Louisiana is required to pay for this treatment. He must voluntarily sign an application for commitment to the institution for treatment, and unless he is known to be in good financial condition he is required to make a deposit with us of rarely less than \$25.00 to be returned to him when he is discharged as cured. We are sure then that he will have a little money to live on for a while until he gets back to work, or that he will have the funds to get a ticket home, if he does not live in Shreveport.

We believe that there should be a place where some of these cases could go for several weeks immediately following the completion of institutional treatment- where they would have watchful and careful attention during this time. Preferably this place should be self-supporting, and have plenty of fresh air, good food and exercise for the patient. As the state has no such place now, we usually suggest that the patient get away from his old environment, go to the country or somewhere where he will see new things and be away from old associates and places of former temptations.

While in the institution being cured everything possible is done to treat the patient properly, humanely and scientifically, the best that our facilities will permit. He is under absolute restraint, with nurses, attendants, and proper medical supervision. He is kept there as long as the director thinks necessary. His commitment is legal. Additional to this commitment he signs a request to be placed in the Parish jail to complete the treatment if, for any reason, this may be deemed necessary or advisable by the director. The director who is also the parish physician, treats him when placed in jail, employing as nearly as possible the same methods as used at the hospital. Several methods of treatment are employed at the hospital, but all are humane and very effective. The patients suffer little and gain rapidly in weight. There are some patients who want to take treatment, but are refused until we believe them in a proper physical condition. Others should be treated immediately, but do not want to and are, therefore, discontinued at the dispensary. A good many patients must *first be treated for some physical ailments to get them in physical shape* so that we can more reasonably expect them to remain off of the narcotic when cured of the habit. Our treatment cases being volunteer patients, and usually being in good physical condition, it is rare that one returns to the dispensary after being cured, asking to be re-admitted. When such a thing does occur, there is usually a good reason why that one failed to be permanently cured. In a good many over one hundred cases treated only about six have been re-admitted to the dispensary and all for good causes. All patients on being discharged as cured sign a statement that they are well and will not apply for morphine any more. In the half dozen instances referred to above we decided after giving the treatment a trial that it was not proper to go on with the efforts to effect a cure, but that due to physical or mental troubles these patients should be allowed the opiate instead.

I hope that everywhere the narcotic problem will be studied and better understood, and that practical ways may be adopted to meet the varying conditions. No law can possibly be made that will meet the need of all the different parts of the country without some very liberal interpretations.

Morphinism is the same everywhere, yet opinion differs as to what it really is. It is variously considered as a vice, a crime, a disease, a purely mental condition, a pathologic condition, something that can voluntarily and easily be quit by the user if he wants to quit it, and some say it is a sociologic

and legal problem, while still others contend it is a medical problem primarily. No matter what different persons may call the condition, the patient is a sick person, and as such is entitled to and should have proper consideration, care, and treatment, either for the causes that are responsible for him being an addict, or for the addiction itself. There are thousands of addicts, many of them very poor and something has to be done for them, or with them, as the need is urgent. The fact that an addict cannot get his medicine in some legal way does not mean that he will not, or in many cases that he should not get it in some other way. If we fail to provide a legal way for the needy suffering to obtain relief, are we to blame them for seeking relief from some other source? They suffer with mental and physical troubles and should be given proper and humane consideration. They are as much in need of assistance as our insane patients are of proper asylum facilities, or are our surgical cases of a hospital.

The medicine can be gotten from the dispensary by these unfortunate cases for 6 cents a grain, allowing the patient to make a decent living. Would it be right to stop this and force these cases to a peddler, thereby enriching him, and making a pauper of the sufferer? If the patient goes to the average doctor his legitimate fee is more than the patient can afford to pay continuously, and the chances are many to one that as soon as the doctor finds out that he is an addict he will not even make a thorough examination to determine the causes of addiction, or to see if there is a real need for the drug, but he will very likely have nothing to do with the case at all, and let the patient go away in no better condition and with no more hope than he had before consulting him. The records will show that doctors are responsible for over 50 per cent. of the cases of addiction in the beginning. Does the fact that a doctor will not assume this responsibility, or burden if he so chooses to call it, make a dispensary any less needed, or from a standpoint of right and necessity does it make the dispensary essential? The fact that we are not personally responsible for their addiction does not justify us in refusing to care for them, or to cure them of their addiction.

I do not believe that because a place may have no dispensary, or that the dispensary may have been closed, that there are any fewer addicts there because of that fact, or that those who are there are not suffering and perhaps dying for that very reason. I believe in a properly run dispensary with a treatment department. The fact that few death certificates are signed, giving addiction as the cause of death, does not prove that those dying were not addicted just the same. Perhaps the lack of a needed narcotic hastened the death from some other cause. While there are no definitely known pathologic lesions in addiction sickness such as are found in typhoid and other diseases, yet we know that the patient is abnormal or sub-normal and must be helped as he can no more cure himself of this sickness than he can of any other sickness in which there are real and definite pathologic changes.

I am sure that in this part of the country there is very little money spent, or real earnest effort made, on the part of the government to stop peddling, yet we know that our dispensary here has done more good along these lines than all other efforts combined.

If the addict's supply is to be cut off, certainly it is right that arrangements should first be made to care for and treat the curable cases and to dispense to the incurable ones. Places should be provided for the proper after-care of those who are treated and cured, and who are not prepared to properly care for themselves for some weeks or months afterwards. This after-care is very important as it is not so difficult to cure a case of the habit, but it may be very difficult for that case to remain cured unless properly cared for for sometime afterwards. The fact that a patient discharged cured will return to the drug at a later day does not prove that

he was not cured any more than a patient cured of pneumonia this winter who contracts it again next winter and has to be treated again proves that he was not cured of pneumonia. An addict after being cured might go back to the drug for the same physical or mental reason that he first started on it. *Therefore, he should be in proper condition when he takes the treatment*, and he should have proper after-care to allow him time to gain back his strength, and get back as nearly to his normal condition as possible. It is to be regretted that this state has no place to care for these cases who need this after-treatment.

I have never seen a patient who was forced into jail and forcefully treated (or rather mistreated) remain well when released. That method is inhuman and wrong.

Some will say to throw him into jail and let him "kick it out," that he is not worth saving anyway. I believe that only those who are very ignorant of the whole matter will say this, or believe those who do say it. We have here just as good, refined, and deserving people who use opiates as there are in this state, and no one need feel that he is any better than they.

I doubt that in any ordinary, plain, simple case of addiction that the patient will die if forced to do without his medicine, but I do not think it right to force this suffering, which is at times very great, upon anyone without proper treatment and relief of as much of the suffering as is possible. The treatment for morphinism should be as humane and as free from pain and suffering on the part of the patient as possible if we are to expect good or permanent results. I consider the usual "iron bars" or "cold steel" treatment to be as cruel and wrong as an operation with no anesthetic. We should be absolutely certain that the physical condition is good before forcing a treatment. There are many patients who have troubles that they could not stand without an opiate, and I have seen deaths as the result of the unwise and unjust withholding of the drug.

I take it that it goes without saying that the incurable case should be supplied with his medicine. Suppose we consider for example some classes of cases that we are called upon to help: An old man incurably sick for years, another bed-ridden for years with arthritis, another down with tuberculosis; another with cancer, another with true asthma, all using morphine for the relief of pain, because of their addiction, and to sustain life, and make comfort possible. All are financially unable to pay for the drug and to pay a doctor, provided one could be gotten, to administer the medicine two or four times a day. Without a dispensary, what would be the fate of these people? It would be as it was here in the past, and perhaps is now in some places. They would suffer terribly, and be in constant fear and dread, not knowing for certain that they would be able to get relief tomorrow.

Consider the case of a man with a wife and children - he is an addict, but is able to work and make a living for his family provided he can get his medicine at a reasonable price. He has been unable to save anything and get ahead. He is a curable case but just now his finances will not permit him to stop work and take a treatment because his family would suffer. There is no way to have the family provided for while he is being treated as he is an able-bodied man and should provide for them. Why not dispense to him for a reasonable length of time and allow him to save something while working and to deposit part of his weekly earnings with us so that his family will be provided for while he is taking the free treatment? Then he can be cured and be able to care for them as a well man. If he is forced to pay the peddler's price, what chance has he of ever getting anything ahead, or of ever being able to take a treatment?

Suppose a man, who has become an addict because of some physical condition that still exists, wants to be cured of the habit his finances are very low, it will require sometime, perhaps months,

to cure him of his physical troubles, so that if cured of the habit he will have no physical reason or cause for returning to the drug. It seems that it would be reasonable and just to dispense to him while he is being treated under proper supervision and control for physical condition, and when cured of this, then treat him for the habit.

We have some men and women who have used opiates for many years and although some have no incurable pathologic conditions, such as cancer, etc., yet their whole being is so changed from the former normal condition that I do not believe there is any possibility of their being cured, and being made comfortable either mentally or physically. Certainly it would be impossible without specially equipped institutions for their permanent care, and many have homes and would not want to be sent away to some strange institution. They should be dispensed to as long as they live.

An unusual feature of the work here and one that plays a very important part in the success of the service is an organization among our incurable patients. It started, developed and works somewhat as follows :

One day one of our inspectors told me that some of the patients had gotten together with him and proposed an organization among themselves, the object being to see that the service is kept clean, that no one who is crooked be allowed on the service, that no peddling or bootlegging be allowed in the city, that all who are able should do some kind of honest work, that they have a committee to investigate any questionable character and to report at once anything crooked that goes on, that they will not give, lend, borrow, or sell any medicine received from the dispensary and that they will properly investigate any suspicious circumstance and if found that someone has violated the rules of the service, their committee will report him, see that he leaves town or will go to court and help convict him. I met with about twenty of these patients one night and approved their plan. They have gone ahead and organized and it is not good for any peddler to come this way, nor for any of their own members to violate the rules, because he will be tried and reported to us, or *allowed* to leave town.

All of these patients are incurable and live in this parish. All are honest, decent people and have the interest of this service at heart. Everyone is in purpose a plain clothes officer for this hospital. The result is that there is very little dishonest dealings and very little peddling here.

To care for the incurables and to help the curable get well is our aim. In this city where we have several dozen incurable cases I do not believe it is possible to properly care for them without a well-conducted dispensary-one that has the hearty cooperation of all branches of the government, of the citizens, and of the medical fraternity as this dispensary has. There should be a venereal clinic in cooperation with the work, such as we have here, because many narcotic cases suffer with venereal diseases.

For old, infirm, incurable, or any class of cases that are not treatable, I believe that a well-regulated dispensary, having a treatment institution to care for the curable cases, both run on honest, humane but practical and business-like principles with the cooperation of the whole community, is necessary.

It is our duty to show these patients the same consideration that we have for those suffering from other kinds of sickness.